

WATERBURY PARK AND RECREATION AFTER SCHOOL PROGRAM 2003-2004

CHILD'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ ADDRESS \_\_\_\_\_

PARENTS OR GUARDIANS FULL NAME \_\_\_\_\_

PHONE NUMBER AT HOME \_\_\_\_\_

EMERGENCY # AND NAME #1 \_\_\_\_\_

EMERGENCY # AND NAME #2 \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

PARENT # @ WORK \_\_\_\_\_ EXT. \_\_\_\_\_

FATHER

PARENT # @ WORK \_\_\_\_\_ EXT. \_\_\_\_\_

MOTHER

ALLERGIES OR SPECIAL CONCERNS \_\_\_\_\_

HAS YOUR CHILD EVER ATTENDED AFTER SCHOOL \_\_\_\_\_ IF SO WHERE \_\_\_\_\_

**ABOUT YOUR CHILD**

GRADE ATTENDING \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_

WALK OR DRIVEN \_\_\_\_\_ ANY RESTRICTIONS ON WHO MAY NOT

PICK UP YOUR CHILD? \_\_\_\_\_

ARE THERE HOLIDAYS THAT YOUR FAMILY DOES NOT CELEBRATE? IF SO: \_\_\_\_\_

PERSONAL ADVICE TO US ABOUT YOUR CHILD \_\_\_\_\_

**PARENT SECTION**

DO YOU HAVE ANY SPECIAL SKILLS YOU WOULD LIKE TO SHARE WITH OUR CLASS?

\_\_\_\_\_

**PLEASE INITIAL EACH LINE:**

I DO UNDERSTAND THERE IS A DISCIPLINE POLICY IN EFFECT \_\_\_\_\_

I DO UNDERSTAND THERE ARE MEDICAL PROCEDURES IN PLACE IN AN EVENT OF AN  
EMERGENCY \_\_\_\_\_

A COPY OF BOTH POLICIES ARE DISPLAYED FOR YOUR CONVENIENCE \_\_\_\_\_